

# **MH/DD/SA Transformation Video Conference**

## **CAP-MR/DD & Implementation Update**

Raleigh, NC

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# Implementation Review Update

1. Everyone asking for training!
2. There is a small percentage of plans from this sample that are very well done. Folks are understanding the person-centered thinking concepts and are working hard at figuring out how to do this. They are asking great questions and are listening.

# Implementation Review Update

3. Difficulty in general in moving from clinical thinking to person-centered thinking. There is good information gathered in interviews, but many Action Plans remain full of clinical jargon, with goals based on what the writer thinks is important.

# Implementation Review Update

4. Crisis plans overall not strong.
5. Still seeing “call 911”.
6. Need work on what needs to be in the block called, “Specific recommendations if person arrives at the Crisis and Assessment Service”.

# Implementation Review Update

7. Evidence of plans that don't appear to have input from clinical staff as evidenced by poor prevention and intervention strategies.
8. Some plans not able to show clear evidence that the person whose plan it is has participated when that person is not his/her own legally responsible party (very sparse personal interview, not listed on the participants page, no signature).

# Implementation Review

## Update

9. Need work on how to gather information.
10. Very few plans include information gathered from anyone other than the person, their very immediate family if they happened to be available and their service providers.
11. Few community members (church, neighbors, teachers, friends, etc.) asked to provide information.

# Implementation Review Update

12. No going back for more information

13. A lot of plan writers have translated “person-centered” to mean that the personal interview needs to be written in the first person. The result is lots of “I” statements that have been individualized with good grammar, big words, and lots of jargon (i.e., “I want to learn to get along with my peers in order to be a success in school [*continued...*]

# Implementation Review Update

and achieve my goals”, or “I want to manage my medication so I don’t lose control when going out in the community”). It is important that folks know that it takes skill to do this in the first person and that 3rd person is really preferable until that level of skill is gained.





# Implementation Review Update

Lots of Service Order questions –

1. Some folks think it's OK to use the old service order forms and have not gotten the appropriate signature on the PCP.
2. Problems noted with filling in the annual review date for service orders.

# Implementation Review Update

More Service Order questions –

3. Many folks think they need the doc to sign any PCP revision whether or not a new service has been added to the plan. The signature is only needed at the annual review or if a new service is added.
4. And too many people seemed surprised to hear that orders are only good for one year.

# Implementation Review Update

Clinical Home questions:

1. A lot of questions from the non-clinical home service providers such as PSR and FBC, wanting to know what to do about service orders and PCPs when folks come directly to them for service – they want to be able to provide immediate service and bill as CS and DA can for 30 days.

# Implementation Review Update

Clinical Home questions:

2. PSRs have told us they have club members that have been with them for years and have no CS provider. Who writes the plan?
3. First Responder – Confusion about this – some providers list a family member of the person as first responder.

# Implementation Review Update

## Processes and Protocol Issues:

1. No issues with endorsements – all is good (we have looked only as CS-Adult, CS-Child, CS-Team endorsements).
2. Overall for all protocols looked at in Section II, most providers have something.

# Implementation Review Update

## Processes and Protocol Issues:

3. Some had well thought out written policies and procedures.
4. Some could just tell us what they were doing and we wrote it down.
5. And the full range between 3 & 4 above.
6. Referrals: Many providers are doing a minimal job of tracking referrals.

# Implementation Review Update

## Processes and Protocol Issues:

7. Training: Most have some type of system in place to track training.
8. Face-to-Face/In-Office time: Some have systems in place that are monitored weekly or monthly. Others are struggling with tracking this information.

# Implementation Review Update

Processes and Protocol Issues:

ACTT:

1. For the makeup of the ACTT team – peer specialists are noticeably missing.
2. Some confusion about details of the service definition related to the makeup of the teams for large vs. small ACTT teams.



# Implementation Review Update

Processes and Protocol Issues:

ACTT (*continued*):

3. The service definition doesn't say "first responder", although it says they are a 24/7/365 service. Providers have asked about this.

# Implementation Review

## Update

Processes and Protocol Issues:

ACTT (*continued*):

4. Many comments about the LMEs not communicating with the providers, not asking for the new Admission forms, not dispersing needed information about updates and changes in requirements.
5. Most all providers have policies on use of Restrictive Intervention.

# Implementation Review Update

Processes and Protocol Issues:

Client Rights Committees

1. Most providers have policies on maintaining a Client's Rights/Human Rights committee.

# Implementation Review Update

Processes and Protocol Issues:

Client Rights Committees

2. However, several providers said that they always used the LME's Client Rights committee, and it was included in their contractual agreements – that they used to have.

# Implementation Review Update

Processes and Protocol Issues:

Client Rights Committees

3. They had not discussed this with the LME since becoming directly enrolled, nor had the LME discussed it with them. They were not aware if their LME even still had a functioning committee.



# Implementation Review Update

Processes and Protocol Issues:  
National Accreditation –

- About half have not yet started the process.

# CAP-MR/DD Audit

## Update

1. In general, we are seeing more problems than in the past - seems to be associated with case management agencies not communicating well with the individual service provider agencies, and with the newer agencies not understanding/responding to the requirements to make changes with the onset of the 9/1/05 waiver.

# CAP-MR/DD Audit

## Update

The problems seen related to #1 above are:

- a. Some providers did not have new service orders as required for Residential Support and/or Day Supports.
- b. Some providers did not do the required 9/1/05 revision to the Plan of Care. Some did the revision, but when the new services were involved they did not get signatures required (legally responsible party and person who wrote the plan).



# CAP-MR/DD Audit

## Update

2. Lots of CAP providers are not training staff in Alternatives to Restrictive Intervention.
3. Overall, basic documentation is fine, although many paraprofessional staff are still not including their position as part of their signature.
4. Still some confusion about the need for supervising paraprofessionals who provide respite and/or personal care.